

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/980,925

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		10				
5		10				
6		10				
7		10				
8		10				
9		10				
10		10				
11		10				
12		10				
13		10				
14		10				
15		10				
16		10				
17		10				
18		10				
19		10				
20		10				
21		10				
22	1					
23		1				
24		1				
25		1				
26		14				
27		10				
28		10				
29		10				
30		10				
31		10				
32		10				
33		10				
34		10				
35		1				
36		1				
37		10				
38		10				
39		10				
40		1				
41		10				
42		10				
43	1					
44		1				
45		1				
46		31				
47	1					
48		1				
49		1				
50						
TOTAL IND.	4					
TOTAL DEP.		45				
TOTAL CLAIMS	44					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						